ANNUAL REPORT

1984

PRINCE ALBERT HEALTH REGION NO. 12

85-3491/

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PERSONNEL

(AT DECEMBER, 1984)

Mr. M.J. Thorn, Regional Director
Dr. H.L. Kinman, Medical Health Officer
Mr Carmen Caswell, Senior Public Health Inspector
Mr. J. Rindahl, Speech-Language Pathologist
Mrs. L. Laturnas, Speech-Language Pathologist
Mr. E. Jensen, Early Childhood Psychologist
Mrs. S. Halland, Regional Nutritionist (Resigned November 21, 1984)
Dr. C. Fernando, Chiropodist
Mrs. Mary Honish, Assistant to the Chiropodist
Miss L. Beaton, Regional Nursing Supervisor
Mrs. D. Brown, Public Health Nurse II
Mrs. G. Rindahl, Public Health Nurse II
Miss E. Nickel, Public Health Nurse I
Mrs. A. Gedir, Public Health Nurse I (Resigned June 1, 1984)
Mrs. P.J. Brasnett, Public Health Nurse I
Mrs. O. Karpish, Public Health Nurse I
Mrs. B. Thompson, Public Health Nurse I
Mrs. J. Sajtos, Public Health Nurse I
Mrs. Pat Stuart, Public Health Nurse I
Mrs. Heather Lindenas, Public Health Nurse I
Mrs. L. Waker, Public Health Nurse I (Part-time)
Mr. C. Shaw, Assistant Senior Public Health Inspector
Mr. H. Smith, Public Health Inspector I
Mr. J. Johnson, Public Health Inspector I
Miss L. Hooley, Public Health Inspector I (Resigned August 1, 1984)
Mr. Chris Brown, Public Health Inspector I (Resigned August 1, 1984)
Ms. Darlene Meeds, Public Health Inspector I
Ms. L. Pelletier, Clerk Typist III
Mrs. B. Grezaud, Clerk Stenographer II
Mrs. K. Dale, Clerk Typist II
Ms. B. Davis, Clerk Typist II (Part-time)
Mrs. P. Smith, Clerk Typist II (Part-time)

DISTRICT OFFICES

Shellbrook	747-2525	- Mrs. I. Piguet, P.H.N. I (Resigned May 31/84) - Mrs. C. Kowalczyk, P.H.N. I - Mrs. A. Sokolowski, P.H.N. I (Commenced Oct. 1/84) - Mrs. Mary Agnew, Clerk Typist I (P.T.)
Spiritwood	883-2342	- Mrs. Roberta Parkes, P.H.N. I - Mrs. B. Herbel, Clerk Typist I (P.T.)
Birch Hills	749-2266	- Mrs. V. Bright, P.H.N. I
Wakaw	233-4363	- Mrs. J. Rudichuk, P.H.N. I - Mrs. Celine Fiolleau, Clerk Typist I (P.T.)
Big River	469-2122	- Mrs. C. Moyer, P.H.N. I - Mrs. Gloria Dunn, Clerk Typist I (P.T.)
Rosthern	232-4282	- Mrs. D. Fehr, P.H.N. I - Mrs. E. Broten, Clerk Typist I (P.T.)

HEALTH DISTRICTS, DISTRICT HEALTH COUNCILLORS

(As of December 31, 1984) (*Indicates Board Member)

HEALTH DISTRICT #1	DISTRICT HEALTH COUNCILLOR
City of Prince Albert	*Lee Gisi
	*Rod Thomson
HEALTH DISTRICT #2	
Shellbrook	Harry Beilhartz
Leask	Colleen Zubkow
Meath Park	Dorothy Spoonheim
Paddockwood	Vivian Martin
Parkside	A.V. Buchanan
Weirdale	A. Garand
R.M. of Leask	*Gerald Zbaraschuk
R.M. of Garden River	Andrew Campbell
R.M. of Buckland	H. Wendel
R.M. of Shellbrook	Wm.Neurauter
R.M. of Paddockwood	Elden McLachlan
R.M. of Lakeland	Doug King
Resort Village of Candle Lake	Brian Isabelle
Resort Village of Pebble Bay	Gene Wyman
HEALTH DISTRICT #3	
Big River	Opal Swedberg
Canwood	*Robert Briggs
Debden	Henri-Paul Fortier
Shell Lake	Garnett Strate
Spiritwood	Carol Buchan
R.M. of Canwood	Elias Shantz
R.M. of Spiritwood	Ludwig Schalm
R.M. of Big River	Lois Cooper
Leoville	Noel Turgeon
Chitek Lake	Lee Henry
Big Shell Co-Op Resort Village	Gerald MacLeod
HEALTH DISTRICT #4	
Blaine Lake	Mabel Androsoff
Marcelin	Maria DeGirolamo
Duck Lake	Wm. Foster
Rosthern	George Oleksyn
Hague	P.Unger
R.M. Rosthern	N. Zadorozny
R.M. Prince Albert	*E. Bibby
R.M. Blaine Lake	Sam Cheveldayoff
R.M. Duck Lake	Carl Windels

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HEALTH DISTRICT #5

Wakaw	Dr. L. Baker
Alvena	Wm. Chohaniuk
St. Louis	Fernand Gaudet
Birch Hills	P. Skaar
Cudworth	Leona Weixl
Yellow Creek	Ann Lypchuk
Domremy	Marie Georget
R.M. Hoodoo	Mike Rohachuk
R.M. Fish Creek	Ben Boychuk
R.M. Invergordon	Edwin Rundbraaten
R.M. St. Louis	*S. Swenson
R.M. Birch Hills	Mel Evans
Resort Village of Wakaw Lake	Jack Thompson

BOARD CHAIRMAN'S ADDRESS

The year 1984 was a year of limited activity in our Health Region. What made things a bit awkward was our Director, Jim Thorn, having to be shared with the Melfort-Tisdale Health Region. This situation has now been cleared up as a new doctor has been hired to replace Dr. Kinman who has transferred to Saskatoon. Dr. Kinman is now covering both Prince Albert and Saskatoon Rural Health Regions.

The move into the MacIntosh Mall was completed in 1984 and has given us more space and is also a lot warmer, as we had a heating problem in our old building.

The Chiropody Program is proceeding well under Dr. C. Fernando, it being a first in the province here in Prince Albert. We have not fared so well with our attempt to locate a full time audiologist here in Prince Albert and establish a No. 1 "Hearing Aid Program". Additional audiologists, four I believe, have been hired and situated throughout the province despite our Regional Board's continued efforts to have a full time audiologist located in Prince Albert.

Another attempt will be made this spring at the Annual Field Staff Conference when we meet with the Hon. Graham Taylor, Minister of Health.

We are to believe most of the equipment is located here and we do have an audiologist from Saskatoon who visits us for three and a half days out of every month. Needless to say, she is six months behind in her endeavours. It is impossible for people, especially the elderly, to receive good service.

The Emergency Measures Hospital located at the airport, as to its future, still has not been decided upon. The City of Prince Albert is still looking after its keep. Its true value and usefulness in case of an emergency is somewhat doubtful.

On behalf of our Board members, I pass on our complements to our office staff, Laurette, Barb, Karla and Brenda, thank-you for a job well done. A special thanks to our field staff, the Public Health Inspectors, Public Health Nurses, Speech-Language Pathologists, Early Childhood Psychologist, keep up the good work. Yes, we are to look ahead for another year of restraint. Let's prove to those more pessimistic, we don't know what the word "restraint" means.

Lee Gisi,
Regional Board Chairman

MEDICAL HEALTH OFFICER'S REPORT

It gives me pleasure to report to the Regional Health Council that the year 1984 was one of progress in the Prince Albert Health Region. The staff of the region have co-operated together and the result has benefited the health of the community.

COMMUNICABLE DISEASE

Public Health programs have historically been instituted to deal with the problem of communicable disease. Our duties still entail a great deal of activity in this regard and, as Medical Health Officer, I am bound by law to keep such diseases under surveillance and report them. We also have the duty of keeping such diseases under control.

Today, a large part of our work still revolves around the presentation and epidemiology of communicable diseases. Immunization deals with the primary prevention and secondary prevention entails the investigation and management of cases. Our public health nurses and public health inspectors investigate certain cases of such diseases, especially the gastro-intestinal diseases.

Again, in 1984, we had no reported cases of measles (rubeola). Several years ago we made a concerted effort and we immunized 98% of our school children and a similar percentage of preschoolers. This role has been kept up and the results have been shown by the fact that the disease is now not in evidence. We would like to feel that measles had been eliminated from our community. Our nursing staff is to be congratulated for the hard and conscientious work which has gone into this effort.

Gastro-intestinal diseases (salmonellosis, shigellosis, hepatitis A, etc.) remain our chief concern, and are widely reported. Courses of instruction for food handlers, run by our public health inspectors, should help to reduce the incidence of these infections.

VITAL STATISTICS

Columns of statistics may be uninteresting, but they do represent an index of the health of the community. Our death rate and infant mortality rates can be a favourable comparison with other areas of the country.

We note that lung cancer is becoming more common amongst women, and is levelling out in the case of men. This reflects the smoking habits of men and women - fewer men are smoking. Whereas women seem reluctant to give it up. Women, also started smoking regularly more recently and this is reflected in these statistics.

Our community is a growing one, as is shown by our birth rate.

The winter of 1983-84 did not bring an outbreak of influenza. There was the usual amount of upper respiratory tract infections, but little or no reported cases of true influenza. If there was a change in the character of the responsible virus, then we could expect an increase in incidence, but this has not occurred within the last several years.

I wish to thank Mr. J. Thorn and his staff of workers for their professional expertise and dedication during the year under review. We also appreciate the help and encouragement of Mr. L. Gisi and the Board of Health. It is a source of encouragement to us that we know we have their support.

Dr. H.L. Kinman
Medical Health Officer

VITAL STATISTICS

	1982	1983	1984
Population	70,582	81,215	81,164
Births	1,438	1,346	1,493
Birth Rate	20.37	16.57	18.40
Infant Deaths: 0 - 12 months	12	9	6
Neonatal Deaths (under 28 days)	9	7	5
Infant Mortality Rate	8.34	11.88	4.02
Neo-natal Mortality Rate	6.26	5.20	3.35
Stillbirths	7	11	10

SEXUALLY TRANSMITTED DISEASE REPORT

	1984
Syphilis	0
Gonorrhoea	168
NSU - NGU	56
Chlamydia	0
Candidiasis	109
Herpes	1
Trichomonas	136
Genital Warts	1
Gardnerella Vaginitis	55
Ectodermal Parasites	26
Other STD (Specify)	-
Routine Check	1042
Information/Counselling	125
Referred to Dr.	179
T O T A L	1898

CAUSES OF DEATH

	1982			1983			1984		
DISEASES	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
Cancer of the Lung	19	8	27	19	3	22	15	8	23
Other cancers	69	39	108	46	34	80	52	35	92
Ischaemic Heart Disease	22	15	37	22	12	34	11	13	24
Diseases of Circulatory System	187	100	287	121	98	219	142	92	234
Disease of Respiratory System	39	25	64	48	27	75	44	28	72
Endocrine Diseases	7	7	14	9	6	15	3	8	11
Blood Disorders	-	1	1	5	1	6	5	3	8
Central Nervous System Diseases	3	3	6	4	4	8	4	5	9
Transport Accidents	16	10	26	25	8	33	14	6	20
Other Accidents	27	4	31	12	6	18	18	9	27
Suicide	6	1	7	2	1	3	2	-	2
Homicide	1	1	2	4	-	6	2	-	2
Other Causes of Death	24	25	49	24	19	43	27	33	60
T O T A L	410	249	659	341	219	560	344	240	584
CRUDE DEATH RATE							7.20		

COMMUNICABLE DISEASES REPORTED

	1982	1983	1984
Amoebiasis	0	0	0
Giardiasis	3	1	2
Salmonella	50	59	31
Hepatitis Viral A	3	3	1
Viral B	18	0	2
Meningitis Bacterial	3	1	0
Viral	1	0	2
Rubella	1	0	0
Rubeola	0	0	0
Shigellosis	124	22	23
Tuberculosis Pulmonary	9	5	0
Other	0	0	2
Scarlet Fever	0	0	0
Gastro-Enteritis Bacterial	5	3	1
Viral	12	0	0
T O T A L	229	95	64

PUBLIC HEALTH NURSING

Early in 1984 the Spiritwood Public Health Nurse I position was filled by a full time person. This has been most satisfactory in that the delivery of nursing service to this area is much more comprehensive. In May of 1984 two public health nurses resigned. This left a Shellbrook position and a Prince Albert position vacant. We were very fortunate to fill the Shellbrook position by October 1, 1984. Coverage was very adequately maintained as these were the summer months when our school program is completed. We still have not been able to fill the position based in Prince Albert but coverage by a part-time nurse has been very helpful. One will notice from the statistics that the number of nursing days is down from 1983. The above vacancies will help to explain that reduced figure. However, it will be observed that the number of home visits has increased. The productivity has definitely improved in this area.

The number of child health clinics held were slightly down, again due to the vacancies. However, one can see that the amount of infants seen is very comparable to 1983. In addition, the immunization coverage in this Infant-Preschool age range is held at a comparatively equal level.

Prenatal Classes are heavily attended. Several different doctors are coming to classes to talk on special cases. The number of classes held and the attendance at the classes is very close to the 1983 annual report.

In October 1984 the public health nursing program saw the deletion of one of the Public Health Nurse II positions. This was regrettable. It is foreseen that the Regional Nursing Supervisor and the Assistant Nursing Supervisor (Public Health Nurse II) will work closely in carrying out the direct supervision of the public health nurse I's in the region in 1985.

In May of 1984 our office space moved to the MacIntosh Mall. The space allotted for the nursing program is far superior to what we had. We have now got three nice size clinic rooms. The public health nurses have nice bright offices. The area where the prenatal classes are held is more spacious and conducive to teaching.

In 1984 the scoliosis screening program for the five and six-year-olds was discontinued. The evaluation that was completed showed that we should not continue in this program area. The scoliosis program continued in 1984 for the females born in 1972 and 1973. Please refer to the chart for figures. The detection rate for the 1982 girls was 1.005% and the detection rate for the 1973 girls was .87%. This program will again be evaluated early in 1985 and determine future program directions.

Efforts have continued at the provincial level in standard setting and program evaluations. The programs we will concentrate on next are hearing and vision.

1984 was a year in which our rubella program changed slightly. Rubella boosters were no longer necessary. Therefore, if an eleven-year-old girl had rubella vaccine earlier in her life, it was not necessary to repeat it at this age.

In September of 1984 the Public Health Nurse III became a member of a Regional Early Childhood Co-ordinating Committee (RECCC). Efforts are being made with Psychiatric Services, Department of Education and Rehabilitation Services to better co-ordinate services to the preschool age group.

Field experience was provided to eight College of Nursing students for 4½ weeks as well as observational

PUBLIC HEALTH NURSING

visits to 91 Kelsey diploma nursing students as has happened in the previous years.

On behalf of the Public Health Nurse I's, I would like to extend in full our thanks for the co-operation we have received from the Early Childhood Psychologist, Speech-Language Pathologists and Nutritionist within our department. Also we would like to extend our appreciation and thanks to all the agencies outside of our department with whom we have communicated and referred. All of you have been most interested and expedient in dealing with our referrals.

Lastly, I would like to thank all the Public Health Nurses for the committment to the program. Your efforts have not gone unnoticed and are truly appreciated.

Grace Rindahl
Public Health Nurse II

SELECTED NURSING STATISTICS - JANUARY TO DECEMBER 1984

Nursing days	2981
Total home visits made	4332
Number not found	877
Number of Child Health Clinics held	1140

PRENATAL SERVICES

Home visits	378
Other interviews/contacts	555
Classes held	244
1st time attended - mothers	467
Aggregate attendance - mothers	1733
Aggregate attendance - fathers	1361

BIRTHS - Total 1238

POSTNATAL SERVICES

Home visits	1307
Other interviews/contacts	478

INFANT SERVICES (0-12 months)

Home visits	1602
Child Health Conference attendance	3452
Other interviews/contacts	574

PRESCHOOL SERVICES (13 months to school entrance)

Home visits	1578
Child Health Conference attendance	4153
Auditory Screening	334

SCHOOL SERVICES

Total enrolment	16651
Students seen for counselling/ inspection	3590
	1776
Teacher-Nurse Conferences	1080
Auditory screening	105
Health education presentations	2751
Student attendance	

* Native births not counted.

IMMUNIZATION

Infant - DTP

DTP	OPV
1st - 1119	1127
2nd - 1025	1029
3rd - 970	975

Preschool

DTP	DT	OPV
1st - 45	6	48
2nd - 71	12	95
3rd -111	17	173

Recall - 1287 709 1966

MMR - 1115

Mumps - 2

Measles - 7

School

TD		OPV
1st -	11	17
2nd -	23	22
Recall -	2023	2006

MMR - 35
Rubella - 840
Measles - 0
Mumps - 28

MISCELLANEOUS VISITS

Adult (under 65) - 1001
(over 65) - 518
Mentally handicapped - 45
Physically handicapped - 183
Communicable Disease follow-up - 133
SAIL program follow-up - Home Visits - 491
Other contacts - 332
Scoliosis Screening - B.D.: 1973 - 581
- B.D.: 1972 - 599

PUBLIC HEALTH INSPECTION

Four major programs were transferred from Health to Saskatchewan Environment during this period. Full regulatory programs in solid and liquid waste transportation and disposal, as well as inspection and minor technical advice on municipal water and sewage treatment systems previously carried out in conjunction with Saskatchewan Environment, meant a deletion of four public health inspection man years from the provincial health inspection compliment.

Out of the ten health regions, ours was found to be one least affected by a staff deletion. Consequently, we lost one full inspector position as of April 1, 1984. In late September, it was also announced that due to the early retirement policy and the government, five regional senior public health inspectors would be "twinned" with a second health region. Our senior inspector assumed half-time duties in the Saskatoon Rural Health Region as of October 1. This move shifted more administrative responsibilities to the Public Health Inspector II as well as the remaining three district inspectors. During this period we also lost the services of two experienced inspectors, Chris Brown and Lynn Hooley-Brown who resigned to further their education. One of these vacancies has been filled on a temporary basis by Darlene Meeds, a recently qualified inspector. The second vacancy comprised the deletion from our staff compliment.

Resulting from the foregoing, all district workloads changed and are now aligned as the following table indicates:

Inspector	Current District
J.R. Johnson	W½ City of P.A., R.M.s 401, 402, 430, 431, 460
D. Meeds	R.M.s 493, 494, 496, 555 & City Swimming Pools
H.J. Smith	E½ City of P.A., R.M.s 461, 490, 491, 520, 521
C.A. Shaw	City Housing & Plumbing, R.M.s 403, 463, 464 Supervision and Administration as PHI II

A total of 145 facilities (12% of total region) were transferred to Saskatchewan Environment. Our manpower decreased 25% overall. The following table indicates the realignment of facilities between districts:

Facilities* by District January 1, 1984 to December 31, 1984

March 31, 1984			December 31, 1984			Notes
District PHI	Total	% of Total	Total	% Increase	% of Total	
Johnson	245	23.4	363	48.3	33.3	
Hooley	226	21.6	(Meeds) 249	10.2	22.8	Now includes P.A. Swimming Pools
Smith	192	18.5	330	71.9	30.3	
Shaw	61	5.8	148	142.6	13.6	These figures do not reflect City of P.A. plbg, housing or Supervisory duties Assigned to PHI II
Brown	321	30.7	---Position Deleted---			
Region	1045	100.0	1090		100.0	

* Facilities assigned to Saskatchewan Environment as of April and October 1984 have been Deleted.

9644 hours were recorded in our data system. 44% was related to facility inspection, consultations and visits; 23% to general services such as travel time, meetings and conducting of training courses. Office services, including projects, staff meetings and development as well as supervision and administration recorded 33%. A 7% net increase in the number of new facilities coming under our jurisdiction was recorded. This included a net increase of 13.7% in the number of public eating establishments to a total of 257 in the Health Region.

Included in the above, a total of 675 visits were made in performing urban and rural plumbing inspections. This activity was 20% of all visits and inspections completed. However, it comprised only 6% of total inspectional time recorded. To these figures could be added 278 visits and 5% of time (467) hours including inspections and consultations on private water supplies and on-site sewage disposal systems. Travel took 14% and general administration and supervision 22% of total time reported.

As an agency having some pertinent concerns, 94 applications for subdivision of land were reviewed and comments made to both Urban and Rural Community Planning Branches.

While there were few urgent or hazardous occurrances during this period, with the advent of the new technical school in Prince Albert, a continuing watch was kept on housing conversions and developments. As well, the actual and potential recreational and tourist facilities in the lake areas of the region required reinforcing and some further priority in services.

Carm Caswell
Senior Public Health Inspector

CHIROPODY

This is the first year that Chiropody services have been available to the public. The Prince Albert Clinic was officially opened on the 1st of February, 1984 by the Honorable Graham Taylor, Minister of Health.

In August of 1984 two Satellite Clinics were opened in Spiritwood and Rosthern. These clinics receive services once a month.

The clinics are staffed by Dr. C. Fernando (Chiropodist) and Mrs. M. Honish (Assistant).

Chiropody services are available to the residents of Health Region No. 12 (providing they have a valid health services card).

Patients are seen on a referral basis only. Referrals are accepted from:

1) General Practitioners.
2) Public Health Nurses.
3) Home Care Co-ordinators

Referrals are priorized and placed in one of four categories:

1) Medically at risk elderly
2) Medically at risk general population
3) Well elderly
4) General public not medically at risk

The elderly are those people 65 years of age and older. Medically at risk is defined as all acute and septic conditions related to the feet, as well as patients with relevant systemic medical problems which would impede mobility if chiropody services were not provided.

WORKSHOPS GIVEN

A total of 9 Workshops were given to the following groups:

Senior Citizens
Diabetic Association
Nursing Personnel

PRINCE ALBERT Feb-Dec '84	TOTAL	Category I	Category II	Category III	Category IV
New Referrals	581	89	27	211	254
Total Patient Visits	2422	358	79	937	1048
Discharges	30	2	3	9	16
Orthotics	20	0	0	5	15

SPIRITWOOD Aug-Dec '84	TOTAL	Category I	Category II	Category III	Category IV
New Referrals	28	5	3	7	13
Total Patient Visits	53	9	4	16	24
Discharges	0	0	0	0	0

ROSTHERN Aug-Dec '84	TOTAL	Category I	Category II	Category III	Category IV
New Referrals	29	8	0	13	8
Total Patient Visits	72	28	0	30	14
Discharges	3	0	0	3	0

Dr. Chris Fernando
Chiropodist

SPEECH AND LANGUAGE PATHOLOGY

Speech and language services to preschool children and adults continues to be an integral part of this Health Region's focus on prevention. With two full-time speech pathologists, regular clinics are being held in all district offices throughout the calendar year. Laurie Laturnas covers Wakaw, Rosthern and Birch Hills district offices and Jay Rindahl covers Shellbrook, Spiritwood and Big River district offices. Regular speech clinics are held in the Prince Albert Regional office by both speech pathologists.

As in previous years, the majority of casework involves preschool children (90%) with adults receiving the remaining 10% of time. The children are all seen at district offices or the Regional Office in Prince Albert. Many of the adults are seen at the Victoria Union Hospital with some being seen at our Regional Office facilities.

Speech, language and hearing screening clinics with 3-year-old children continued in 1984. Several of these clinics were conducted in conjunction with the local public health nurse's developmental screening program. This screening has now become well accepted in the nursing districts where it originally started as evidenced by the high turnout rate. Approximately one hundred children were seen with an overall referral rate of approximately 15-20%.

Requests to speak to prenatal classes continued in 1984. The speech-language pathologists view this as a prime opportunity to educate expectant parents about normal speech and language development and the importance of stimulating their child's environment during the first years of life.

Perhaps one of the most significant events for speech pathology was the move to our present location. This has meant that we are now physically in the same building as the rest of the Health Region staff, resulting in a better working relationship. Also, we now have two spacious therapy rooms joined in the middle by an observation room. Parents or fellow professionals can view what is taking place through the two-way mirror and can also listen on the audio system.

Overall, 1984 has been a year of change for the speech-language pathologist program in Prince Albert. Our new facilities have improved the effectiveness of the therapy and evaluating environment. The addition of another speech-language pathologist has increased the numbers of preschoolers and adults receiving services. Preschool screenings have proven to be an effective means of a) informing the public of speech-language pathologist services available through Health and b) identifying children with delayed speech/language development. We wish to thank the public health nurses, early childhood psychologist, secretarial staff and various other agencies for their co-operation, and we look forward to further contact with them in 1985.

Laurie Laturnas
Jay Rindahl
Speech-Language Pathologists

Table I - Number of Referrals by Age Group

AGE GROUP	1982		1983		1984	
Pre-School	79	68	167	82	152	90
School Age	32	28	30	15	0	0
Adult	5	4	6	3	16	10
TOTAL	116	100%	203	100%	168	100

Table II - Sources of Referrals

SOURCE	1982		1983		1984	
	No.	%	No.	%	No.	%
Public Health Nurse	55	47	94	46	96	57
S.H.A.P.	1	1	0	0	1	1
E.C.P.	0	0	3	1	4	2
Parent	16	14	18	10	25	15
Physicians	13	11	16	8	20	12
Dept. of Ed.	22	19	17	8	4	2
Others	9	8	55	27	18	11
TOTALS	116	100	203	100	168	100%

Table III - Year End Status of Cases

STATUS	1982 Number	1983 Number	1984 Number
Waiting For Assessment	68	56	38
Assessed Waiting For Therapy	3	14	18
In Therapy On A Program	68	28	56
Waiting For Review	49	19	45
TOTAL	188	177	157

Table IV - Reason and Number of Clients Dismissed

REASON CLIENT DISMISSED	1982	1983	1984
Moved	10	28	19
No Service Required	26	80	38
Therapy Goal Reached	3	7	9
Transferred To Another Agency	10	126	28
Other	25	32	36
TOTAL	74	273	130

EARLY CHILDHOOD PSYCHOLOGY

The Early Childhood Psychologist is shared on an equal basis with the Melfort-Tisdale Health Region.

As shown in the Early Childhood Psychologist statistics, the number of children seen in 1984 and the type of problems for which they were seen were remarkably similar to those of 1983. Fewer children were referred by public health nurses and parents but the number of referrals received from social workers and from speech-language pathologists increased notably.

Most of the Early Childhood Psychologist's time in the region is spent on clinical work. Children seen because of concerns with developmental deficits outnumbered the children seen because of behaviour problems three to one. The younger children who are found to have a significant developmental deficit are often referred to the Prince Albert Early Childhood Intervention Program (P.A.E.C.I.P.). Children with developmental deficits who are closer to school age are discussed with educational representatives as a help to the early planning of intervention programs at school. The behaviour problems are treated through individual counselling with parents. Follow-up interviews by the public health nurses have indicated that this counselling by the Early Childhood Psychologist is effective in alleviating most of the target problems.

Other activities by the Early Childhood Psychologist includes P.A.E.C.I.P. Board and Committee meetings, writing of articles for the newspaper column "Child Talk", and presentations to various interested groups in the region on child development and child management.

The Early Childhood Psychologist wishes to extend his appreciation to the health region staff for their co-operation and progressive attitude which has helped to make the daily work truly enjoyable.

Eigil Jensen, B.A., M.Ed.,
Early Childhood Psychologist

EARLY CHILDHOOD PSYCHOLOGIST - PRINCE ALBERT

	1982	1983	1984
A. Total Number of Children Referred and Seen (first visit)	36	45	43
B. Breakdown of (A) by Source of Referral			
Public Health Nurse	20	24	13
Speech-Language Pathologist	0	1	6
Social Services	1	3	6
Parents	7	9	5
Physicians	6	7	8
Early Childhood Intervention Program	0	1	0
Other	2	0	4
C. Breakdown of (A) by reason for Referral			
Concern about development	18	32	32
Concern about behavior	13	8	11
Multiple problems	0	1	0
Other problems	5	4	0
D. Average Age (in years) of children younger than five			
Developmental Problems	-	3.2	3.5
Behavioral Problems	-	3.2	3.3
E. Total Number of Sessions including Initial			
Visits, reassessments and Follow-up	83	89	81
F. Number of Sessions at			
Regional Office	-	83	66
District Offices	-	0	8
Home	-	0	3
Other	-	6	4
G. Group Education			
Number of Group Sessions	3	1	4
Number of People Addressed	95	12	94